

Fee Audit 4/2/07

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10/563794	FILING DATE				
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2	/					52							
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47						97							
48						98							
49						99							
50						100							
TOTAL IND.	/												
TOTAL DEP.	/												
TOTAL CLAIMS	10												

CLAIMS

10

PTO - 1360 (REV. 11/04)

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